DOCUMENT RESUME

ED 340 166 EC 300 816

AUTHOR Teas, Brenda
TITLE A Countywide Program for Expanding Speech-Language Services in the Elementary Schools.
PUB DATE 91
NOTE 94p.; Ed.D. Practicum Report, Nova University.
PUB TYPE Dissertations/Theses - Practicum Papers (043)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Change Strategies; *Delivery Systems; Elementary Education; Inservice Education; Intervention; *Language Handicaps; *Management Development; Personnel Needs; Program Development; *Speech Handicaps; *Speech Therapy; Training

ABSTRACT

This practicum addressed the need to expand and change the speech-language pathology service delivery system within Harris County (Texas), which was experiencing severe shortages of speech-language pathologists with numbers of students going unserved. The practicum involved planning training sessions on alternative service delivery strategies and conducting the training sessions for lead speech pathologists and special education directors from 24 school districts. The strategies were job sharing, multilevel service, use of paraprofessionals, consultation, technology, and collaboration. Notebooks providing resources and details for each strategy were created and distributed for follow-up use in strategy implementation. The practicum resulted in speech pathologists and special education directors feeling better informed about the use of alternative strategies and resulted in increased use of the strategies and more students being served. However, due to population growth, the percentage of students being served remained stable. Appendices contain administrative documents such as organizational charts, a questionnaire, instruments for evaluating objectives, guidelines for the employment and utilization of supportive personnel, and a description of the resource notebook compiled for training participants. (Approximately 50 references) (JDD)

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# A Countywide Program for Expanding Speech-Language Services in the Elementary Schools

by

Brenda Teas

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A Practicum II Report presented to the Ed.D. Program in Early and Middle Childhood in Partial Fulfillment of the Requirements for the Degree of Doctor of Education

NOVA UNIVERSITY

1991

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PRACTICUM APPROVAL SHEET

This practicum took place as described.

Verifier:

Marlene McKee
Marlene McKee

Director of Psychological Services
Title

Houston, Texas
Address

June 5, 1991
Date

This practicum report was submitted by Brenda Teas under the direction of the advisors listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at NOVA University.

Approved:

5-30-91
Date of Final Approval of Report

Mary Ellen Sapp
Mary Ellen Sapp, Ph.D., Advisor

Jack Mills
Jack Mills, Sc.D., Advisor

## ACKNOWLEDGEMENT

The writer acknowledges the Director of the Psychological Services Division from the practicum organization for her enthusiastic support and commitment to the project. The writer also acknowledges the steady and unwavering support of her husband during the many hours spent at home in the evenings, on weekends, and during vacations on this doctoral program. The writer's secretary is also to be acknowledged for all the extra time and effort she gave to the preparation of this document.

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Abstract

A Countywide Program for Expanding Speech-Language Services in the Elementary Schools: Teas, Brenda D., 1991. Practicum Report, Nova University, Ed.D. Program in Early and Middle Childhood. Speech-Language Services/Employment Shortages/ Alternative Service Delivery Strategies/Job Sharing/ Paraprofessionals/Multilevels/ Consultation/Collaboration.

This practicum addressed the need to expand and to change the speech-language pathology service delivery system within the county due to the severe shortages of speech-language pathologists and numbers of students going unserved. A review of the literature reveals that shortages are common nationwide and that schools must look for strategies other than short-term recruitment efforts to deal with the problem.

The writer planned training sessions on six alternative service delivery strategies. Training was provided for the lead speech pathologists and special education directors from the 24 school districts in the county. The six strategies were: job-sharing, multilevel service, use of paraprofessionals, consultation, technology, and collaboration. Participants were asked to make a commitment to use at least two of the strategies in their school districts.

Results were positive. Speech pathologists and special education directors felt better informed about the use of alternative strategies for expanding speech pathology services, and everyone who was trained made a commitment to use the strategies. At the end of the practicum implementation, participants reported increased use of alternative strategies and more students being served. However, due to population growth, the percentage of students being served remained stable.

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# CHAPTER I

# INTRODUCTION

## Description of Work Setting and Community

The practicum work setting is a County Department of Education (CDE) that serves 24 school districts. These districts encompass three small rural districts with student populations of 2,000-5,000; 19 suburban districts with student populations of 1,000-39,000; and one large urban district with nearly 200,000 students. This CDE is one of two left in the state. All others were dissolved by law. This county agency was allowed to continue because the local area levied a tax to support the continuation of service. Six divisions exist in the organization: business, psychological services, professional development, adult and continuing education, special schools, and therapy division. A superintendent, deputy superintendent, and assistant superintendent direct the division directors. A seven-member board of education is elected and functions in the same way as boards of education for each school district (see Appendix B for organizational charts). This CDE is a training and consultative agency that has no regulatory powers. The philosophy of the organization is to respond to the expressed needs of the districts. Since the tax base for the organization is limited, many of the services are provided to the districts for a fee. In these cases, the organization contracts with the district to provide service at approximately 2/3 of the cost and the county uses tax money to cover the other 1/3 of the cost.

Until the 1988-89 school year, the Psychological Services Division included an adaptive behavior center and a large staff of occupational and physical therapists (OT/PTs) as well as doctoral and pre-doctoral psychologists, counselors, and diagnostic staff.

In the spring of 1988, this writer assisted the director of psychological services in developing a restructuring plan which resulted in psychological services being divided into

three divisions. The adaptive behavior center expanded to two other school locations and became the Special Schools Division. The OT/PT staff became the Therapy Division. The Psychological Services Division was left with the following staff: a director, two coordinators, two assistant coordinators, three secretaries, 20 part-time psychologists, three full-time psychological associates, approximately 12 part-time psychological associates and educational diagnosticians, one music therapist, one art therapist, and one speech-language pathologist. These staff members provide a variety of counseling, consultative, and testing services to the 24 school districts in the county. The director and two coordinators have a meeting, termed a contract talk, in the spring of the year with the director of special education in each district to identify services needed for the following school year. A formal agreement to provide service is signed with each district. The administrative staff of the Psychological Services Division (director, coordinators, and assistant coordinators) advertises, interviews, and hires staff to provide the requested service. The administrative staff also assigns the direct service staff to the districts, and supervises, provides inservice training and evaluates the performance of the staff, works with the special education directors to evaluate the service, and solves any problems or conflicts.

## Writer's Role

This writer has been employed by the CDE for 15 years as an associate school psychologist, which is a master's level certification position in school psychology. During the first 3 years, responsibilities included psycho-educational testing, counseling, consulting, and some workshop experience. The job responsibilities during this 3-year period were conparable to experiences obtained in two other employment settings. For the past 12 years, this writer has held the position of coordinator of psychological services. Although initial responsibilities involved coordinating services and supervising staff,

responsibilities have been changed and expanded during the past 7 years to include: (a) overseeing business operations, (b) managing the process of budgeting and purchasing, (c) developing computer operations for the division, and (d) performing special projects such as research or pilot studies and needs assessments. During the 1989-90 school year, the responsibilities of this writer have included expanding the Psychological Services Division's service in three areas by:

1. providing psychological services to regular education as well as special education.

2. assisting the school districts with recruitment and employment in the critical shortage areas. In previous years, the CDE has indirectly assisted the school districts with staff recruitment in that the districts often contract with the county for positions in which the districts have had difficulty recruiting. The CDE then hires the staff, supervises the staff, and provides the requested service, such as counseling, testing, and speech-language pathology. However, beginning with the 89-90 school year, this writer set up a service in which individuals are recruited and referred to the district for employment and supervision.

3. increasing the leadership role of the division in areas where the districts have expressed a need for assistance. For the past 10 years, this division has hosted and served as facilitators to an Appraisal Leadership Group which meets on a regular basis to share information and discuss issues of concern to appraisal staff. The group consists of one representative from each of the 24 districts in the county. A leadership group was also started for special education counselors in the fall of 1989.

# CHAPTER II

# STUDY OF THE PROBLEM

## Problem Description

The 24 school districts in the county have requested assistance with recruitment of critical shortage staff. In response to this request, the Psychological Services Division of the CDE launched an intensive effort in the fall of 1989 to recruit psychologists, psychological associates, educational diagnosticians, music therapists, art therapists, and speech pathologists. These recruitment efforts were as successful as this writer had hoped in all areas except speech pathology. Under the current delivery system, the shortage of speech pathologists in the practicum setting area is severe to the extent that intensive recruitment efforts cannot produce the required number of speech pathologists. The colleges are not turning out new graduates in sufficient numbers to relieve the problem. Consequently, many students with speech-language problems are going unserved. Based on current openings for speech pathologists in the county and an average caseload of 56, 2,464 students are going unserved. This represents 9.8% of the population needing service.

If the problem were solved or improved, schools would provide speech, hearing, and language services to all qualified students. Briefly stated, the problem for this practicum is: Students with speech, hearing, and language problems are going unserved under the current delivery system due to a severe shortage of speech and language personnel. The shortage cannot be alleviated through short-term efforts to recruit fully certified staff.

## Problem Documentation

The scarcity of speech pathologists at the local level first came to the attention of this writer 2 years ago when the administrative team of the Psychological Services Division

met with the 24 special education directors in the county. Speech pathology was mentioned by several directors as an area in which critical shortage staff problems exist. Some directors specifically asked if the CDE would assist with recruitment.

In February 1988, the administrative team of the Psychological Services Division invited the special education director and personnel officer of each of the 24 school districts to attend a discussion meeting about recruitment. During this meeting, speech pathology was identified as a critical shortage area, and the CDE was asked to assist the districts in addressing the problem.

During the fall of 1989, this writer coordinated a recruitment pilot project to develop applicant pools in critical shortage areas. The results of this project indicated that a critical shortage of speech pathologists exists andthat the shortage is expected to be a long-term problem. The first 3 months of recruiting yielded the following results in the areas of speech-language pathology: (a) 684 flyers sent to licensed speech-language pathologists in the countywide area, (b) 33 inquiries were received and 33 applications sent, (c) 6 applications returned, (d) 6 applicants interviewed, and (e) 5 applicants invited to the applicant job pool for speech-language pathologists.

The five applicants identified as suitable for the job pool were primarily interested in part-time.work One was in private practice and could work only sporadically. During the same time period, the Psychological Services Division received recruitment requests from the school districts for as many as seven full-time speech pathologists. The five applicants had previously worked in the schools, but most had gone into private practice or positions outside the school setting. All reported experiencing "burnout" from working full-time as a speech pathologist in the schools. Factors contributing to burnout were (a) long hours spent on extra work taken home in order to keep up with case loads, (b) testing, and (c) report writing and other required paper work. They stated a willingness to return to the

schools for employment, but all except one agreed to return only on a part-time or contractual basis. Thus, attempts by the CDE to recruit more speech pathologists for the school districts were challenging.

This writer spoke with three school administrators in the county about the critical shortage problem in speech pathology. One of these administrators is director of speech services in a large school district, one is a special education director in a school district, and the other is a director of special education at a regional educational service center. All began their careers as speech pathologists. All reported a lack of coordinated effort within the county to recruit and retain speech pathologists and not enough effort to change the service delivery system.

On December 7, 1989, a meeting was held with the special education directors from the districts to discuss various problem issues in special education. Eight directors attended. When the issue of speech pathology services arose, all the directors reported having difficulty recruiting staff, retaining staff, and providing services. Three districts reported the pursuit of some alternative strategies for alleviating personnel shortages. This writer observed an apparent lack of informational exchange between the various directors. Several commented that there is clearly a need for greater sharing of information and coordinated effort.

Problems with the delivery of speech pathology services also exist at the state level. A telephone conversation with the education specialist in charge of speech-language pathology at the state education agency revealed a very serious and problematic situation throughout the state. This state education specialist coordinates a statewide task force on speech pathology to address problems such as stringent licensing and certification requirements. She reported that all the large cities in the state are understaffed and the rural areas often go without any service. The state licensing laws governing the role of the speech pathologist are restrictive and make adapting proven alternative models tedious and

difficult. The state task force is working with the licensing board to facilitate changes. However, some changes are possible and two alternative delivery strategies being used in other parts of the state were described by the state education specialist.

On December 4, 1989, this writer spoke with Dr. Jack Mills, program director for the Master's Program in Speech-Language Pathology at Nova University, and Ms. Thelma Albritton, the assistant director. They were sympathetic about personnel shortages in the field and stated that this problem can be found nationwide. A conversation with personnel at the American Speech and Hearing Association (ASHA) office confirmed that all states are experiencing shortages.

The following job fair feasibility study performed by this writer during the fall of 1989 describes the intense and expansive nature of the personnel shortages at the college and university level. A random sample was drawn of 100 colleges out of 533 identified across the nation who, according to The College Handbook (1988), have programs in speech-language pathology. A questionnaire about the availability of students to attend a job fair in this practicum setting area was sent. Results were as follows from the 51 colleges responding:

| | |
|---|---|
| # of graduates expected for May, 1990 in Speech-Language Pathology | 124 |
| # of graduates expected for May, 1991 in Speech-Language Pathology | 122 |
| # of students to possibly attend job fair in spring of 1990 | 2 |
| # of students to possibly attend job fair in spring of 1991 | 2 |

Some of the college department directors returned comments on the questionnaire, saying that most, if not all, of the students are hired or have jobs promised to them long before graduation. At least two questionnaires were returned saying the speech pathology department had closed. Thus, not enough individuals are choosing speech pathology as a profession to meet the employment demand.

## Causative Analysis

Numerous causative factors are related to the personnel shortages that exist and the incidence of students going unserved. Some of the causes discussed in the following paragraphs were identified through conversations with individuals mentioned in the previous section, others were identified through the literature review, and others through a questionnaire survey presented by this writer in March, 1990 to the lead speech pathologists in each of the 24 school districts. See Appendix C for a copy of the questionnaire and a summary of the results.

### Incidence Figures Regarding Staff Shortages

According to the questionnaire results, 449 speech pathologists are needed to serve all students in the county requiring speech-language services under the current delivery system. The county is short 44 speech pathologists. Based on an average caseload of 56 (according to the questionnaire results), 25,144 students currently need service and 2,464 (9.8%) are unserved due to staff shortages. Since the shortages also exist at the state and national levels and employers all over the country are seeking the same staff, recruitment efforts have not been successful.

### College Enrollment and Support

According to the job fair feasibility study discussed in the previous section, not enough graduates in speech-language pathology are being produced to meet the employment demands. Over the past few years the number of institutions in the state providing programs in speech pathology has dropped from 27 to 15 according to a recent study done by one of the state education service centers (Virginia Ellison, April, 1989). The writer's questionnaire results revealed that speech pathologists within the county feel that the only university in the area with a speech pathology program is not supportive of the schools because that university does not actively steer more speech pathologists into the public

schools. In a meeting this writer held with the lead speech pathologists in the county on May 16, 1990, the director of the Speech Pathology Department from the University of Houston, Dr. Martin Adams, reported that the department has a difficult time steering speech pathologists into the schools because of the additional 18 hours of course work in education that is required by the state. Thus, the school districts are hiring licensed speech pathologists who are not trained in how to group students in the educational setting, how to consult with teachers and parents, and how to prescribe educationally-relevant treatment according to special education guidelines. Dr. Adams also reported another discouraging factor. When the bachelor level person (associate speech pathologist) has been out working 10 or more years and then returns to the university seeking a master's degree, the university has to require that the returning student retake many of the bachelor level courses because the field of speech pathology is changing rapidly and, therefore, the course content changes. Thus, many problems exist at the college level that deter students from entering speech pathology programs with a goal toward public school employment.

Job-Related Stress

The questionnaire results demonstrate that the speech pathologists in the county believe that they are poorly compensated for their work and that their jobs are highly stressful. One of the stressors reported was heavy caseloads. The average caseload is 56 students with a range from 42 to 75. However, 47 is considered by the speech pathologists as a more reasonable average caseload. In addition to heavy caseloads the speech pathologists report scheduling problems, lack of work space and materials, increase in paperwork, and problems related to serving multiple schools. This writer has interviewed several speech pathologists who stated that when working in the schools, they have to carry some work home almost every day to complete all the tasks required.

Compensation

Unlike other personnel named in PL 94-142 as related service personnel, speech pathologists in this state are considered instructional personnel. Therefore, they are paid at the teacher salary level and allowed to be on the career ladder available to teachers. All other personnel referred to as related service personnel in PL 94-142, such as counselors and occupational and physical therapists, are paid on a higher pay scale but are not on the career ladder which offers additional pay for exemplary performance and leadership responsibilities. Very little differentiation exists on the teacher pay scale between the bachelor and master level person. This is unfortunate for speech pathologists since all must have master's degrees. One district in the county has petitioned the state to allow their speech pathologists to be removed from the career ladder so they can be paid at a higher level on the pay scale along with related service personnel.

In January, 1990, the director of the Psychological Services Division of the CDE conducted a salary survey. Twenty-three of the 24 districts responded. The survey revealed speech pathologists in the county are paid an average of $12 per day less than other master level school professionals such as counselors, educational diagnosticians, and psychological associates. Thus, the specialized education required by speech-language pathologists is not compensated for in the pay scale.

Certification/Licensing

State rules regarding certification of speech pathologists have recently changed. New proposed rules require that all speech pathologists have master degrees and be licensed. Considerable controversy exists over the number of education hours a student receiving a master's degree and planning to work in the schools should have. The State Commission on Standards requires 18 hours. This writer is a member of one of two statewide task forces which have worked together on a proposal that recommends only 12 hours of

education be required. However, this proposal has been rejected by the Commission on Standards which must approve all certification proposals before they go the State Board of Education. Thus, the trend is toward more stringent certification requirements at a time when the schools are already facing critical staff shortages and not enough new individuals are entering the field.

The restrictiveness of state licensure laws regarding the use of paraprofessionals is also a problem. While the rules allow for the use of a communication helper, this person "may not singularly engage in direct intervention or assessment activities," according to the State Committee for Speech-Language Pathology and Audiology (1988, p. 13 of Committee Rules). With training and on-site supervision the communication helper may set up rooms for treatment and evaluation, prepare materials, transport clients, assist with field trips, be a surrogate parent, and use language stimulation strategies during daily living activities. One of the goals of a statewide task force is to work with the licensing committee to explore the possibility of expanding the role of the communication helper. Currently, however, speech pathologists are pessimistic about supervising and using paraprofessionals whose activities are so restrictive.

Changes in the Job Market

During the May 16, 1990 meeting this writer held with the lead speech pathologists in each district, some of the market changes affecting speech pathology were discussed. More speech pathologists are going into geriatrics. The need for staff to serve in this area will continue to grow as long as the older population increases. Traditionally, speech pathologists have been primarily female. In recent years many more career opportunities have opened up for women in fields not previously accessible or chosen by them. Now that speech pathologists are licensed, many are opting for private practice. Employment options are broadening at the same time that the number of individuals entering the field of

speech pathology is dropping.

Availability of Alternatives

According to the March, 1990 questionnaire results, the 24 lead speech pathologists in the county feel they need information about alternative service delivery strategies. All report using primarily a traditional model of delivering services. The special education directors from the districts have also expressed a need for alternatives. While most of the speech pathologists and special education directors report they have heard or read about alternatives, they do not feel they have sufficient knowledge to actually implement the strategies.

Coordination

The 24 districts in the county are working independently, resulting in a lack of coordinated structure among districts for addressing the problem. This writer's recent meetings with the special education directors and the lead speech pathologists have enlightened all to the need for a coordinated effort to gather and share information.

Conclusion

This writer concludes that a severe problem exists in recruiting, retaining, and providing speech pathology services. The problem is a serious one all over the nation. Multiple causes exist and incidence figures suggest that the problem will worsen, not improve, unless some means, other than short-term recruitment efforts, is used to address the issue.

## Relationship of the Problem to the Literature

The shortage of personnel serving special education in the last decade has been well documented in the literature. The introduction of Public Law 94-142 brought an increased need for all types of staff who work with special-needs students. The National Information

Center for Children and Youth with Handicaps (1987) performed a nationwide study and found that the most noted shortages are in the speech-language and related service areas. Forty-one states reported shortages in speech-language personnel. Comparable shortages were reported for occupational and physical therapists and teachers for the emotionally disturbed and severely handicapped. In a survey of Iowa schools (Jorgensen and Espey, 1986), 74% of the district superintendents reported severe problems finding and retaining special education personnel.

According to Smith and Lovett (1987) doctoral level faculty members at the colleges who are responsible for training special education personnel are diminishing in numbers, a threat to the future of college programs for special educators. The problem of producing more special educators has become even more grim since the passage of P.L. 99-457 in 1986 which increased the need for special educators to provide services to handicapped and at-risk infants and toddlers. Smith and Powers (1987) claim that before the passage of this act, personnel shortages in special education had already reached crisis proportions with vacancies going unfilled, caseloads and classroom size increasing, and college training programs declining. The National Clearinghouse for Professionals in Special Education (December, 1988) reports that since 1980-81 the number of bachelor and master degrees conferred in special eduation have declined by 35.5%. In the area of speech pathology, they have declined by 38%. Only 15 doctoral degrees were conferred in speech pathology.

Special Education and related service staff shortages are especially severe in rural areas Helge and Marrs (1982) report that rural districts are required to hire the young and inexperienced who do not stay very long because of social isolation. They estimate a turn-over rate of 30 to 50% every three years. Some positions go unfilled for months or years. Staff face lack of cultural opportunities, inadequate housing, extreme weather conditions, and low salaries. Helge (1983) also reports that 67% of all schools are rural and they serve

33% of all school children. The rural areas have high poverty levels and depleting tax bases, and they serve larger percentages of handicapped children than the non-rural areas. Condon (1986), Dopheide (1986), and Dublinske (1986) all echo Helge's report and each offers several solutions for short-term and long-term improvements. Marrs (August, 1983) faults the training institutions for recruitment problems in rural areas because they are not providing appropriate instruction to insure success and survival of professionals in the rural areas.

As the number of available professionals declines, the need goes up. According to the Education of the Handicapped, a biweekly news service on legislation, the U.S. Senate Handicapped Subcommittee found that 30% of special eduators do not meet their state standards for full licensure and in the 1985-86 school year, 8.5% of the nation's special education positions were vacant. According to Angel (December, 1988), by 1990 the nation will experience 10.3% growth and most of that will be in the southern and western regions of the U.S. In fact, the regions are expected to grow 21.1%. Texas, California, and Florida will receive the most rapid growth of school-age population. Nationwide the school population is expected to increase by 18%.

A recent report put out by the National Rehabilitation Caucus (1989), states that more than 30 million people exist in the nation with communication disorders and the numbers are expected to grow at rates faster than the rate of growth for the total population increase due to greater numbers in the elderly population, increase in surviving infants who have disabilities, and increase in survival of individuals from accidents. The current ratio of available personnel to the communicatively impaired population nationwide is 1:240. Services to children in the educational setting continues to be the largest need. More than 2,500 additional speech and hearing personnel are needed nationally to work in special education.

Cosby (January, 1989) wrote about the Ninth Annual Report to Congress on the Implementation of the Education Act as the report relates to speech-language pathology. The fourth most highly used related service is speech-language pathology, preceeded only by transportation, diagnosticians, and psychological services. Speech-language pathology accounts for 11% of all related services provided to handicapped students. The language/ learning disabled population is rapidly growing and 15% of this population receives speech-language services. During the 1984-85 school year, 367,571 special educators were in the schools. Out of these, 36,612 provided services to students with speech-language impairments. Review of personnel needs revealed that an additional 22,571 special educators are needed primarily in the areas of speech-language impaired, emotionally disturbed, learning disabled, and mental retardation.

In a speech presented at the ASHA 1989 Director's Conference held in Washington D.C. in June, 1989, Gilbert Herer identified the following issues and concerns of speech-language pathologists: 1) the quality of students, 2) shortage of professional personnel and recruitment and retention needs, 3) service delivery to new populations, 4) turf issues, 5) growth of technology, 6) changing demands and roles in the schools, 7) the fast-growing body of knowledge and quality assurance, 8) productivity standards and quality assurance, and 9) marketing to compete in the health care system. Reasons for shortages of staff were identified as: low salary level, lack of career ladders, greater opportunities for women in other professions, and the baby generation which leaves fewer individuals to draw from in the upcoming years.

In April, 1989, Virginia Ellison with the Region VII Education Service Center in the state of Texas sent out a special education news release reporting her findings of a statewide study on supply and demand of personnel in special education. The greatest need was for individuals to serve the learning disabled, emotionally disturbed, mentally retarded,

and language impaired students. The number of institutions in the state providing certification programs in speech pathology has dropped from 27 to 15 during the past few years. According to the study, the state is currently in need of 550 personnel to serve the speech-language impaired.

The American Speech and Hearing Association's Committee on Language, Speech and Hearing Services in the Schools (1983) wrote a report on caseload guidelines for speech pathologists. A primary problem in the schools has been an overload of cases in an attempt to serve as many students as possible. This situation endangers quality of service. According to the committee's final report, the size of the realistic caseload varies depending on the type of service delivery. Four types are identified. The speech pathologist using a consultation program can manage 15 to 40 students. An itinerant program allows 25 to 40 students. The resource room program can handle 15 to 25 students while in the self-contained program, the speech pathologist should have no more than 15 students with an aide or up to 10 students without an aide. Assuming that an average caseload per speech pathologist is about 25 students according to ASHA standards, and knowing that in the state where this practicum setting exists 550 speech pathologists are needed, one could estimate that at least 13,750 students in the state are going unserved under the present delivery system.

# CHAPTER III

## ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

### Goals and Expectations

The general goal for this practicum was to expand the service delivery system for speech-language services throughout the county so that students with speech-language problems who were going unserved would be served.

Terminal Objectives

Objective 1

By April 1, 1991, the lead speech pathologists from the school districts will have alternative strategies available as demonstrated by their choice of at least two out of six strategies on the Alternative Strategies Checklist.

Objective 2

By April 1, 1991, the special education directors from the districts will have alternative strategies available as demonstrated by their choice of at least two out of six strategies on the Alternative Strategies Checklist.

Objective 3

With the availability of alternative strategies provided by April 1, 1991, 96% of all students requiring speech-language services will be served as demonstrated by the student enrollment figures provided by the special education directors on the Alternative Service Delivery Feedback Form.

## Measurement of Objectives

The following instruments were created by this writer for measuring the terminal objectives.

### Alternative Strategies Checklist

This instrument listed at least six alternative strategies that were made available to speech pathologists and special education directors through solutions chosen for this practicum. The speech pathologists and special education directors were asked to select at least two out of the six strategies for expanding quality service in their district. Results of responses to the instrument determined the extent to which objectives one and two were met. The purpose of this instrument was to document that both speech pathologists and special education directors have alternatives that they expect to use.

### Alternative Service Delivery Feedback Form

This instrument was filled in by the special education directors or designated representative. The instrument as what strategies are in use and the percentage of students served. This writer anticipated that 96% of all students would be reported as served rather than 89.8% reported this time last year. The purpose of this instrument was to determine if alternative strategies are being used more and if a greater proportion of students are being served. See Appendix D for a copy of the instruments.

## CHAPTER IV

## SOLUTION STRATEGY

### Discussion and Evaluation of Possible Solutions

A review of the literature delineates three broad areas to pursue in seeking solutions. One of these is creative recruiting involving long-term effort. The second is alternative certification which may provide some temporary relief as well as have long-term impact. The third solution area is alternative service delivery which may bring both short-term and long-term relief. This latter approach is multifaceted and may involve one or all of the following: consultation, peer tutoring, parent assistants, paraprofessionals, and technology. Regardless of the solution effort chosen, coordination among districts and community organizations is recommended throughout the literature.

Farrow (1983) emphasizes the importance of improving recruitment efforts for related services by securing the cooperation of other local and state agencies and pooling resources to make services more available. Anderson (1986) and Helge and Marrs (1981) stress the need for rural districts to develop an interagency recruitment system and provide new employees with training about working in rural areas to help staff acclimate to the area. Anderson (1986) suggests finding a few students who will commit themselves to one year of service in a rural area and then following up with support training to enhance retention of staff.

Ruth Piller wrote an article in the Houston Chronicle in April, 1989 about a new creative recruitment effort being implemented in some colleges. The technique involves a group effort in which administrators, students, and faculty work together to entice students to the university. Each night students gather at the admissions office and make phone calls to prospective students. The student callers are inserviced and given scripts to use. In

addition, students sometimes make public appearances and perform at parties to advertise the school. They are always equipped with literature, key chains, and pencils as gifts. In one college, a 15-minute recruiting video has been provided by faculty and students, and distributed to high schools and two-year colleges. Education USA (July 25, 1988) describes another innovative and very successful recruitment technique that is being used to recruit prospective teachers into the colleges. This media campaign is called "Reach for the Power TEACH." The campaign encourages young people to seek more information about teaching as a career and offers a toll-free number they can call. Jorgensen and Espey (1986) found that schools and colleges will get better results when recruitment advertisements reflect challenging and supportive environments and suggest a team atmosphere. They also recommend developing and widely using posters, marketing souvenirs, videotapes, photo albums, and community information packets.

Alternative certification is becoming an increasingly popular solution to staff shortages. The National Clearinghouse for Professions in Special Education (1988) reports that by mid-1988 23 states had set up alternative certification policies to provide a shortened route from training to employment in the schools. Sixteen other states are also looking into alternative certification. At least 30% of the special education staff nationwide are working under some type of emergency certification.

Education USA (October 11, 1989) suggests a controversy among leaders about alternative certification. For example, Arthur Wise, Director of the Rand Corporation's Center for Study of the Teaching Profession has termed alternative certification as a "quick-fix solution" and suggests that the alternative procedures do not resolve issues of compensation and how staff are allowed to function. However, at least two states have filled large numbers of positions through alternative certification and feel pleased with their efforts. New Jersey has employed 15,000 alternatively certified teachers. In Texas, interns involved in alternative programs increased to 1,215 in the fall of 1989. According

to the Texas Education Agency, based on teacher appraisals, alternatively certified staff are performing as well as or slightly better than those trained in traditional schools.

Smith and Powers (1987) looked at issues relating to certification policies for early childhood professionals. They concluded that competent service providers can easily be excluded from continuing their work through new, more restrictive certification requirements. To prevent this from happening, according to the authors, state planners should consider competency-based methods to replace or at least supplement traditional certification approaches. Four other major recommendations regarding certification policies are made: 1) A personnel credentialing plan should involve an interagency/cross-disciplinary approach; 2) Each discipline should be allowed to develop its own requirements but these should be in coordination with other disciplines; 3) Certification requirements should address preservice, inservice, and continuing education; and 4) Grandfathering existing personnel, providing statewide inservice, developing preservice programs, and giving financial incentives should be considered in developing certification policies.

Ludlow (1987) describes an alternative certification program developed by West Virginia University to train teachers to teach the severely handicapped. The program involved 20 hours of coursework and a 9-hour practicum leading to a master's degree and certification. The program was set up for cohort groups in multiple sites around the area. Related to alternative certification and alleviating the short supply of staff is John Crawford's approach (1983) to serving more speech communication students at Arizona State University. He designed a mass lecture/small group breakdown classroom format and used undergraduate teaching assistants who had been picked on the basis of superior performance during previous semesters. The teaching assistants were given training and support, and academic credit for their work.

Another plausible solution to critical staff shortages is to change the delivery system. A current trend is to move from a direct service delivery model to a consultation model. According to Newhoff (Spring, 1999, p. 10), "Somehow, the direct service delivery model with its self-imposed isolationism has consumed us. We need to learn how to be consultants and to assume the leadership in interdisciplinary teams that our competencies warrant." Newhoff is speaking specifically to speech pathologists although her description could apply to other special education related service groups such as occupational and physical therapists. Newhoff goes on to comment that when entering a new school system, veteran speech-language pathologists are often started at the bottom of the pay scale. Also speech-language pathologists are often tied to teacher certification standards and teacher salary scales. These factors need to be improved as they slow the use of speech pathologists as consultants. Speech-language pathologists need to be more eager to market themselves, less humble about their overall functioning, and accept the challenge of participating in the political process that will determine the future of their profession.

Frassinelli, Superior and Meyers (1983) report that one way to meet the increasing demand for speech-language services in the schools is to use a consultation model. The advantages include serving a larger population, providing service within the classroom setting, and achieving preventative effects. The speech pathologist collaborates with the classroom teacher to influence the speech-language behavior of the whole class. This can reduce the need for individual therapy. This indirect service can be beneficial to the severely involved as well as the mildly to moderately involved student. The consultation process involves getting to know the teacher, using active listening, getting specific about problems, collecting data, brainstorming solutions, and withholding immediate solutions so as not to respond as an authoritarian expert. Through the consultation process teachers learn to identify problems and how to plan and implement solutions, thus leading to

prevention of problems and fewer referrals for special treatment. Three types of consultation with varying degrees of direct versus indirect service are described.

The consultation model seems to fit well with student preferences for service delivery as studied by Jenkins and Heinen (1989). Six hundred eighty-six remedial, special and regular education students from grades 2, 4 and 5 were interviewed regarding their preference for specialized services through pull-out, in-class, or integrated programs. Special education and remedial students responded similarly to the question so their data were combined. Regular students were categorized according to services given to special and remedial students in their classrooms. Results showed that children do not wish to draw attention to their deficits. They prefer first of all to receive help from their classroom teachers rather than from a specialist. However, whenever they must see a specialist, they see going out of the classroom (pull-out) as preferable over the specialist coming in. Regular students were found to be equally receptive to special students regardless of the service delivery model.

Several writers seem to feel that the best service delivery model is a flexible one that combines approaches ranging in degree from direct treatment to consultation. Lynda Miller (April, 1989) is one of these. She mentions five types of classroom-based models: The speech-language pathologists: 1) teaches a self-contained language class; 2) team teaches with the resource or special education teacher or the regular teacher; 3) provides one-to-one classroom-based intervention with certain students; 4) acts as a consultant to teachers and special service providers; and 5) provides curriculum development, staff development or program development. Three models of language intervention are described. The first one is the catch-up model which is like the pull-out service delivery. Unfortunately, according to Miller (1989), most children do not catch up. The second model is strategy-based. This involves the idea that the students can learn strategies to be generalized across tasks and

content. The Feuerstein's Instrumental Enrichment Program is cited as an example. This program uses such strategies as verbal mediation, rehearsal, visual imagery, and paraphrasing. The third model is system-based and focuses on the student's learning profile of strengths and weaknesses, teacher attitude about learning, child development and child rearing, the degree to which language is used for imparting content, family context, and the student's concept as a learner. In short, the classroom teacher and the language specialist jointly plan assignments and interventions, and the student stays in the classroom. This approach requires clearly establishing the source of authority for the service, clear delineation and understanding of duties, and administrative support.

Holzhauger-Peters and Husemann (Fall, 1988) criticize the traditional isolated approach to speech-language therapy where the speech-language pathologist schedules an individual or small group for 20 to 30 minutes in an isolated therapy room. This direct therapy model still is useful for certain clients. However, for most clients, one or a combination of the other types of alternative delivery models is recommended. One type is the Consultation Model in which the primary person implementing the objectives is someone other than the speech-language pathologist. The Classroom/Instructional Setting Model is best used with students whose objectives can be met within a group setting. Here the instructor may be the classroom teacher or the speech-language pathologist. Finally, the Community-Based Therapy Model involves implementing the objectives with the student in community-based settings such as stores, restaurants, laundromats, banks, and the post office.

An assessment procedure for categorizing speech-language referrals of severely and multiply-impaired students into four levels are described by Anne Baldwin and Chris Kosal-Smither (Winter, 1989). Each level suggests a different type of service delivery model: Level 1: student not able to benefit from speech pathologist. Training will be planned and implemented by the teacher and classroom staff. Level 2: the speech

pathologist has a monthly contract with the student. Consultative service is provided to the teacher and classroom staff as needed. Level 3: student has no formal means of expression but is demonstrating intent to communicate. The speech pathologist develops a prescriptive or direct treatment approach. Level 4: student has no formal means of communication. Direct treatment or a consultative approach may be chosen.

Another component of alternative service delivery models is the use of paraprofessionals such as aides, peer tutors and parent assistants. Koenig and Biel (October, 1989) describe an expanded language program which employs licensed speech language pathologists, bachelor degree language aides, language resource teachers, and community/bilingual liaison aides. The language aides provide instruction to students individually and in small groups. Under the supervision of the speech-language pathologist they also administer pre and post-tests.

Costello and Schoen (April, 1978) conducted a study in which they took 15 elementary school children with functional Th/S substitution problems and randomly divided them into three experimental groups. All groups received structured articulation intervention. Five women were trained as paraprofessionals to administer the program to two of the groups. The third group was administered by a speech clinician. Results showed all children learned equally well. The authors suggest that future speech pathologists spend more time as program writers, researchers, supervisors, and trainers of paraprofessional staff and leave the bulk of their treatment time for the special and more complex and resistive cases. Such a role would allow them to serve much larger populations more effectively.

A Kansas project described in Education of the Handicapped (November 23, 1988) encourages districts to start peer-tutoring programs in an attempt to alleviate various types of special education shortages. Hutinger (1981) talks about using a home-based program and training parents as the primary therapist to provide relief in rural areas. Andrews,

Andrews, and Shearer (1989) also believe that parents should be better utilized in the therapeutic process. Results of their survey research showed that 51% of the parents they surveyed of children receiving speech and language services wanted a better understanding of their child's problem and were interested in creative ways they could participate with the treatment process.

Jimenez and Iseyama (1987) describe a model for training and using communication assistants. The speech-language pathologist provides the assistant with training in the maintaining of daily records, techniques for charting responses, guidelines for following lesson plans, and behavior modification. In addition, the speech-language pathologist discusses with the assistant the nature and causes of identified disorders, explains the therapy program designed for each student, and explains the rationale for the plan. Then the speech-language pathologist demonstrates by conducting therapy with the student as the assistant watches. Discussion follows to provide further information and to allow for questions. When both agree that the assistant understands the therapy procedures, the speech-language pathologist and assistant participate together in the therapy process and both chart student responses independently. Once the assistant and speech-language pathologist agree on 85% of the responses, the assistant is allowed to implement the therapy program with the speech-language pathologist serving in a supervisory capacity.

The American Speech-Language-Hearing Association has a committee on Supportive Personnel. In November, 1980, the committee drafted guidelines for the employment and utilization of supportive personnel in the delivery of speech-language and audiology services. The guidelines include suggestions for supervision and training. The work of the committee points out the national recognition of the value of using paraprofessionals in delivering speech-language services. See Appendix E for a copy of this paper.

Technology is another area that may have an important impact on the future delivery of

speech and language services. Ryalls (September, 1989) compares two computerized speech training systems, the speech viewer produced by IBM and the ISTPA. He found that both use games and other techniques to attract the attention of the learner; each gives the children visible feedback and both are effective with young and severely impaired children. According to Ryalls, computers may be one means by which speech pathologists can meet increasing future demands. Berube (1988) believes that the integration of modern technologies will change and improve the instructional process. Gamble (November, 1982) performed a study in which results suggest that computer graphics can be a valuable learning tool for students. Communication boards and other computer adaptive devices are often motivating to students and, according to the ASHA Committee on Supportive Personnel (1988), computer work can be monitored by parents and other volunteers or paraprofessionals.

In the spring of 1990, the 24 school districts in the county where this practicum took place returned questionnaires sent out by this writer (see Appendix C for a copy of the questionnaire). One question asked about alternative delivery strategies currently being used. Table 1 details the results. In addition to the items mentioned in the table, 14 districts reported that their speech pathologists had access to computers.

Table 1

Alternative Delivery Strategies in Use in Spring, 1990

| Strategy | # of districts using the strategy |
|---|---|
| None in use at this time | 7 |
| Provide only consultation to early childhood | 1 |
| Large grouping | 2 |
| Going onto the classroom rather than "pull out" | 6 |
| Use of consultation model | 3 |
| Job Sharing | 1 |
| Home programs | 2 |
| Speech labs | 1 |
| Collaborative model | 1 |
| Paraprofessionals | 1 |

This practicum utilized a leadership group of speech pathologists to look at alternative models of service delivery, implemented training for speech pathologists and special education directors regarding the alternatives, and provided helpful information materials to the school districts to have as they began using alternatives.

## Description of Action Taken

Three solution strategies were selected to accomplish the three objectives described in Chapter III.

Solution 1: Speech-Language Pathology Leadership Group (SPLG) and Committees

The countywide Speech-Language Pathology Leadership Group (SPLG) established in Spring, 1990 assisted with the implementation of all three objectives. The group consists

of the lead speech pathologist from all of the 24 school districts. Each lead person was nominated for participation in the group by the special education director of the district. The director of the Communication Disorders Department at the local university was asked to join the group. The first meeting of the group was held April 18, 1990. At that meeting this writer reported on the details of this practicum and the results of the problem documentation survey that was filled in by each lead pathologist (see Appendix C for Survey Form and summary of results). The group met for the second time on May 16, 1990. At this meeting participants were asked to bring any information they had regarding alternative delivery strategies. Individuals from the state education agency speech services task force, the state speech-hearing association public schools task force, and the local association for communication disorders task force on school issues provided presentations to update participants on task force accomplishments. In addition, two committees were identified, one for program planning (PP Committee) and the other for developing a resource notebook entitled Alternative Service Delivery Strategies for Speech Pathology Services (ASD Committee). The PP Committee, which consists of six lead speech pathologists and this writer, met in June, 1990, to plan the training described under solution 3 (Training). The ASD Committee of six lead speech pathologists met also in June, 1990 with this writer to plan the details of the notebook (see Solution 2, Resource Materials).

This solution allowed coordination and sharing of information across the districts and it allowed half of the SPLG group to serve on committees and intricately participate in the planning of training and the development of resource materials.

Solution 2: Resource Materials

A notebook entitled Alternative Service Delivery Strategies for Speech Pathology Services was developed for school personnel. The six-member ASD Committee met with

this writer in June, 1990 and designed the form to be used for writing up strategies for the notebook (see Appendix G for a copy of the form). Each of the six committee members used this form to take notes during each of six training sessions provided for the SPLG. At the end of each session, they gave their completed forms to this writer who combined them into a summary to be used as the first page of each section of the notebook. The handouts from each presenter were placed after the summary. Each presenter was asked to sign a form giving permission to put handouts in the notebook (see Appendix G for Permission form). An "Other" section was also created in the notebook. Information such as literature review and the speech pathology licensing law was included here. The notebook was issued to all special education directors at the Conference for Special Education Directors on Alternative Delivery Strategies on March 14, 1991. Copies were also issued to the lead speech pathologist of each district. See Appendix I for the information on how to obtain a copy of the notebook.

This solution provided materials to reinforce training and provided a valuable resource for using the strategies being taught.

Solution 3: Training and Selection of Strategies

Two types of training were provided. 1) Over a six-month period training was provided for the SPLG in six three-hour monthly sessions. 2) A half-day morning conference plus lunch was provided for special education directors. This writer met in June, 1990 with the PP Committee to plan and schedule six training sessions for the SPLG regarding alternative delivery strategies for expanding speech-language delivery systems. At this meeting, the writer discussed with the committee the possibility of having two parents and two regular teachers attend the training sessions. These individuals could provide valuable feedback about the impact of strategies on quality of service. However, the Committee felt strongly that they (the speech pathologists) needed to feel more

comfortable about the possibility of using alternative strategies before including parents and teachers. Individuals around the state who have special expertise regarding alternative service delivery strategies were contacted by this writer and asked to provide the training for the SPLG. The CDE paid for training expenses incurred by guest presenters. The six alternative strategies chosen as the focus of training were: job sharing, multilevel model, use of paraprofessionals, consultation, technology, and collaboration. See Appendix F for a listing of the training sessions and presenters. Continuing education credit was approved by the Texas Speech and Hearing Association for each of the six sessions.

Before the training sessions began, this writer was asked by the state education agency to join a statewide speech pathology task force. One of the purposes of the task force was to look at alternative strategies for service delivery as a way to address staff shortages. During this practicum, this writer attended four task force meetings and provided a brief update about these meetings at the SPLG training sessions.

A Pre and Post-Alternative Strategy Rating Scale was completed by all the SPLG members receiving training to give this writer feedback about the success of this solution.

Following training, each member from the PP and ASD Committees chose one of the six sessions and accepted responsibility for presenting a 20 minute presentation about that session at the Conference for Special Education Directors on March 14, 1991. Thus, two persons, one from each committee, worked together as partners on their 20 minute presentation. The February SPLG meeting was a working meeting in which members who were to be on the program prepared their presentations and turned in detailed information about their presentations to this writer for approval and to provide this writer with a complete picture of the conference. Presentations included a variety of audio-visuals (overheads, videos and slides). Presentation style varied from lecture to skit. Other members of the group at the February working meeting assisted this writer in the final

proofing of the notebooks and in planning for the wrap-up meeting to be held in April. In addition to planning the conference, this writer made arrangements for lunch to be catered immediately following the conference and for a speaker to provide an entertaining presentation. The purpose of the lunch and luncheon speaker was to show appreciation to the special education directors for attending the conference and to the SPLG members for their hard work and dedication.

The conference and lunch proceeded as planned with 21 of the 24 school districts represented. At the beginning of the conference, the SPLG members and the directors were provided with the notebook on Alternative Service Delivery Strategies for Speech Pathology Services. At the end of the conference, special education directors were asked to meet with their lead speech pathologist to choose strategies that they would commit to try in their district by filling in the Alternative Strategies Checklist (see Appendix D). The information from the checklist provided the data needed to determine the success of Objectives 1 and 2.

On April 19, 1991, five weeks after the conference for the special education directors, the SPLG had the final meeting of the year. The purpose of this meeting was to 1) provide the information needed to measure the success of Objective 3; 2) debrief about the accomplishments of the objectives for this year; and 3) brainstorm about group activities for next year. The members were asked to fill in the Alternative Service Delivery Feedback Form (see Appendix D) to provide the data needed to measure Objective 3. When initially writing this objective, this writer had thought that the special education directors would be the appropriate persons to fill in this instrument. However, this writer has learned that the special education directors depend on their lead speech pathologist to know the kind of information asked on the feedback form and to be able to provide that information when needed. Therefore, this writer gathered the information for Objective 3 from the lead

speech pathologists at the SPLG on April 19, 1991. One other diversion from Objective 3 as it is written in Chapter III was the change of the deadline for measuring Objective 3 from April 1 to April 19. This writer felt this delay was warranted to allow for the most appropriate process for gathering the information needed to measure the objective and to allow the districts more time following training for strategies to be used.

As a final action, this writer provided a summary report of the information obtained at the April 19th meeting to all special education directors and lead speech pathologists.

## Calendar of Events

The following is a list of all activities in chronological order for each month of implementation, the solution strategy for which each activity contributes, and the personnel responsible for each activity.

First Month: June, 1990

| Tasks | Solution # | Staff |
|---|---|---|
| 1. Sorted and categorized all information collected by the SPLG re: alternative delivery strategies. | 1 & 3 | Writer |
| 2. Met with PP Committee to go over material and plan all six training sessions for the SPLG and Special Education Director's Conference. | 1 & 3 | Writer & PP Committee |
| 3. Met with ASD Committee to design format for alternative service delivery notebook. | 1 & 2 | Writer & ASD Committee |
| 4. Set date for Special Education Director's Conference. | 3 | Writer & PP Committee |
| 5. Sent in request to reserve rooms, equipment, and coffee for all training. | 3 | Writer & Secretary |

| | | |
|---|---|---|
| 6. Assigned each ASD Committee member to record information for the notebook at the training sessions. | 1 & 2 | Writer & ASD Committee |

Second Month: July, 1990

| Task | Solution # | Staff |
|---|---|---|
| 1. Contacted and scheduled some presenters for training. | 3 | Writer & ASD Committee |
| 2. Sent memo to each member of the SPLG reporting the six-month training schedule. | 3 | Writer |
| 3. Verified meeting dates and room reservations with the facilities coordinator. | 3 | Writer |

Third Month: August, 1990

| Task | Solution # | Staff |
|---|---|---|
| 1. Completed and confirmed through letter the scheduling of presenters. | 1 & 3 | Writer & Secretary |
| 2. Estimated training expenses and submitted to director for budget purposes. | 1 & 3 | Writer |
| 3. Developed Pre and Post-Lead Speech Pathologist Service Delivery Rating Scale. | 1 & 3 | Writer |
| 4. Distributed memo to special education directors apprising them of the training schedule for SPLG and the date for the Special Education Director's Conference. | 3 | Writer |
| 5. Applied for Texas Speech-Language (TSHA) | 3 | Writer |

| | | |
|---|---|---|
| continuing education credit (C.E.U.) for all training sessions. | | |
| 6. Prepared for first training session for SPLG:<br>a. Prepared attendance roster.<br>b. Prepared name tags.<br>c. Checked room arrangements.<br>d. Bought refreshments.<br>e. Printed certificates of attendance. | 3 | Writer & Secretary |
| 7. Attended first training session and participated by giving the welcome, making introductions, and administering the Pre and Post-Lead Speech Pathologist Service Delivery Rating Scale and provided an overview of the literature. | 3 | Writer & SPLG |
| 8. Made sure ASD Committee members were prepared to record information for notebook. | 2 | Writer & ASD Committee |
| 9. Collected notebook information and wrote summary report of first session. | 2 & 3 | Writer |
| 10. Sent handout to those who could not attend. | 1 & 3 | Writer & Secretary |
| 11. Checked with presenter for next month regarding handouts, equipment, etc. | 3 | Writer |

Fourth Month: September, 1990

| Tasks | Solution # | Staff |
|---|---|---|
| 1. Prepared for second training session for SPLG, i.e., roster, name tags, room set-up, | 3 | Writer & Secretary |

| | | | |
|---|---|---|---|
| | refreshments, certificates of attendance. | | |
| 2. | Attended second training session, gave the welcome and made introductions, and gave TEA Task Force update. | 3 | Writer & SPLG |
| 3. | Communicated with ASD Committee members about recording information for notebook. | 2 | Writer & ASD Committee |
| 4. | Collected notebook information and wrote summary report of second session. | 2 & 3 | Writer |
| 5. | Sent handouts to those who could not attend. | 1 & 3 | Writer & Secretary |
| 6. | Checked with presenter for next month regarding handouts, equipment, and necessary preparations. | 3 | Writer |

Fifth Month: October, 1990

| | Tasks | Solution # | Staff |
|---|---|---|---|
| 1. | Prepared for third training session for SPLG, i.e., roster, name tags, room set-up, refreshments, certificates of attendance. | 3 | Writer & Secretary |
| 2. | Attended third training session and gave the welcome, introductions, and TEA Task Force status report. | 3 | Writer & SPLG |
| 3. | Communicated with ASD Committee members about recording information for notebook. | 2 | Writer & ASD Committee |
| 4. | Collected notebook information and wrote summary report of third session. | 2 & 3 | Writer |

| | | |
|---|---|---|
| 5. Sent handouts to those who could not attend. | 1 & 3 | Writer & Secretary |
| 6. Checked with presenter for next month regarding handouts, equipment, etc. | 3 | Writer |

Sixth Month: November, 1990

| Tasks | Solution # | Staff |
|---|---|---|
| 1. Prepared for fourth training session for SPLG, i.e., roster, name tags, room set-up, refreshments, certificates of attendance. | 3 | Writer & Secretary |
| 2. Attended fourth training session and gave the welcome, introductions, and TEA Task Force status report. | 3 | Writer & SPLG |
| 3. Communicated with ASD Committee members about recording information for notebook. | 2 | Writer & ASD Committee |
| 4. Collected notebook information and wrote summary report of fourth session. | 2 & 3 | Writer |
| 5. Sent handouts to those who could not attend. | 1 & 3 | Writer & Secretary |
| 6. Checked with presenter for next month regarding handouts, equipment, etc. | 3 | Writer |

Seventh Month: December, 1990

| Tasks | Solution # | Staff |
|---|---|---|
| 1. Prepared for fifth training session for SPLG, i.e., roster, name tags, room set-up, | 3 | Writer & Secretary |

| | | |
|---|---|---|
| refreshments, certificates of attendance. | | |
| 2. Attended fifth training session, gave the welcome, and made introductions. | 3 | Writer & SPLG |
| 3. Communicated with ASD Committee members about recording information for notebook. | 2 | Writer & ASD Committee |
| 4. Collected notebook information and wrote summary report of fifth session. | 2 & 3 | Writer |
| 5. Made final choices about which committee members would present on the six sessions at the conference. | 1 & 3 | Writer & Committees |
| 6. Checked with presenter for next month regarding handouts and equipment. | 3 | Writer |

Eighth Month: January, 1991

| Tasks | Solution # | Staff |
|---|---|---|
| 1. Prepared for final training session for SPLG, i.e., roster, name tags, room set-up, refreshments, certificates of attendance. | 3 | Writer & Secretary |
| 2. Attended final training session and gave the welcome, made introductions, and administered the Post-Lead Speech Pathology Service Delivery Rating Scale. | 3 | Writer, SPLG, & Secretary |
| 3. Communicated with ASD Committee members about recording information for notebook. | 2 | Writer & ASD Committee |
| 4. Collected notebook information and wrote summary report of final session. | 2 & 3 | Writer |

| | | |
|---|---|---|
| 5. Edited all notebook information. | 2 | Writer |
| 6. Typed, proofed, and sent notebook to printshop. | 2 | Writer & Secretary. |
| 7. Prepared agenda to send to special education directors regarding the conference. | 3 | Writer & Secretary |
| 8. Sent memo to all SPLG members asking them to attend a February meeting to help prepare for conference for special education directors: | 1 & 3 | Writer & Secretary |
| a. Asked PP and ASD Committees to come prepared to work on conference presentations. | 1 & 3 | Writer & Committees |
| b. Asked all other SPLG members to come prepared to proof directory and help the committee members. | 1 & 3 | Writer & SPLG |
| 9. Prepared Service Delivery Feedback Form and Alternative Strategies Checklist. | 3 | Writer |
| Ninth Month: February, 1991 | | |
| 1. Held meeting with SPLG to plan conference. | | Writer & SPLG |
| 2. Finalized printing of notebooks. | | Writer |
| Tenth Month: March, 1991 | | |
| 1. Prepared for conference for special education directors, i.e., roster, name tags, room set-up, refreshments, lunch. | | Writer, SPLG & Secretary |
| 2. Attended conference and provided welcome, gave | | Writer & |

| | | |
|---|---|---|
| background information, made introductions, and administered Alternative Strategies Checklist. | | SPLG |
| 3. Provided all directors and SPLG members with notebook. | | Writer |
| 4. Analyzed checklist. | | Writer |

Eleventh Month: April, 1991

| Tasks | Solution # | Staff |
|---|---|---|
| 1. Gave out and collected Alternative Service Delivery Feedback. | 3 | Writer |
| 2. Analyzed data. | 3 | Writer |
| 3. Prepared summary report and disseminated to all lead speech pathologists and special education directors. | All | Writer |

# CHAPTER V

# RESULTS, CONCLUSIONS AND RECOMMENDATIONS

## Results of Specific Goals

Three specific objectives were identified in Chapter III for obtaining the overall goal to expand the service delivery system so that more students can be served. Results were as follows:

### Objective 1 and 2

Objective 1 and 2 were identical except the target group for Objective 1 was lead speech pathologists and for Objective 2 the group was special education directors. The objective was to make alternative strategies available to the lead speech pathologists and the special education directors in the 24 school districts by April 1, 1991. These objectives were measured through the Alternative Strategies Checklist. This writer expected speech pathologists and special education directors to choose at least two out of the six alternative strategies provided through training to use in their district. The Alternative Strategies Checklist was presented on March 14, 1991 after the half-day conference with special education directors. Speech pathologists and special education directors were asked to discuss the strategies together and fill out the checklist.

The goal for both objectives was met for all speech pathologists and special education directors who attended the conference. Twenty-one out of the twenty-four districts responded to the Alternative Strategies Checklist. All responding districts checked that they were committed to use at least three of the six strategies. All 21 districts are committed to using consultation and collaboration. Only one district had already used collaboration and only three had used consultation. The districts were the most skeptical about using the IBM Speechviewer and paraprofessionals. However, prior to this practicum only one

district was using each of these. Now, at least 10 more districts have expressed committment to the Speechviewer and 12 more to use of paraprofessionals. Most districts expressed a committment to trying job sharing and the multilevel model. No districts had used the multilevel model and only one had tried job sharing. See Table 2 for a breakdown of strategies and the number of districts where each will be used.

Table 2

Strategies Selected

| Strategy | # Districts Choosing Strategy |
|---|---|
| Job Sharing | 18 |
| Multilevel Model | 19 |
| Use of Paraprofessionals | 13 |
| Consultation | 21 |
| Technology: IBM Speechviewer | 11 |
| Collaboration | 21 |

A pre-test and post-test administered before and after training to the lead speech pathologists revealed that all participants who completed both tests felt they were much more knowledgeable about the alternative strategies for all sessions attended.

Discussion of Positive Unexpected Results

Although there were no negative unexpected results, there were several positive ones:

1. As word about the training spread within the county and around the state, this writer began receiving numerous calls from individuals who wanted to attend the inservices but were not members of the SPLG. These calls lead this writer to believe that there is a great need for inservices on alternative strategies and also a great need for all types of continuing education workshops for speech pathologists. This writer had to develop a

policy regarding visitors to prevent overcrowding.

2. One special education director from a school district outside the county called this writer and requested that the writer come to his district as a consultant, look at the speech pathology program and make recommendations regarding staff training and alternative strategies. The writer responded and found the experience enlightening and rewarding.

3. Several of the SPLG members who felt negative about certain strategies prior to training told this writer after training that their feelings had changed in the positive direction.

Objective 3

The third objective stated that, with the availability of alternative strategies provided by April 1, 1991, 96% of all students requiring speech language services would be served as demonstrated by the student enrollment figures provided by the special education directors on the Alternative Service Delivery Feedback Form. Tables 3 and 4 report the information collected on the feedback forms which were returned by all 24 districts. Table 3 reflects enrollment figures estimated from numbers of speech pathologists and average caseloads. Table 4 reveals the strategies currently being used as a result of the training provided through this practicum. Many of the strategies are being used and more students are being served. However, the population requiring service has also grown. As a result, the overall percentage of students receiving service has not changed.

Discussion of Positive Unexpected Results

This writer was pleasantly surprised at the number of districts in which the alternative strategies were begun so quickly. This writer feels this quick reaction reflects a high level of readiness for change. Consultation, collaboration, and job sharing are now being used by more than half of the districts. At least one third of the districts are using the multilevel model and paraprofessionals. The number of speech pathologists has increased by 16 full-

time equivalents. Most of those additional staff are the result of job sharing being used as a strategy in the districts. Caseload size increased on the average of one student per speech pathologist. Several feedback forms had comments revealing that the districts plan to greatly increase the use of strategies during the next school year (1991-92).

Table 3

Caseload Sizes and Unserved Students Before and After Practicum

| | Spring, 1990 | Spring, 1991 |
|---|---|---|
| # Speech Pathologists Required | 449 | 467.5 |
| # Speech Pathologists Available | 405 | 421 |
| # of Additional Speech Pathologists Needed | 44 | 46 |
| Average Caseload | 56 | 57 |
| # Students Needing Service | 25,144 | 26,648 |
| # Students Being Served | 22,680 | 24,025 |
| Students Going Unserved | 2,464 | 2,622 |
| Percentage of Population Unserved | 9.8% | 9.8% |
| Percentage of Population Served | 90.2% | 90.2% |

Table 4

Comparison of Strategies Used Before and After Practicum

| Strategy | # Districts Using Strategy in Spring, 1990 | # Districts Using Strategy in Spring, 1991 |
|---|---|---|
| Job Sharing | 1 | 14 |
| Multilevel Model | 0 | 8 |
| Use of Paraprofessionals | 1 | 8 |
| Consultation | 3 | 16 |
| Technology: Speechviewer | 1 | 3 |
| Collaboration | 1 | 14 |

Discussion of Negative Unexpected Results

Objective 3, which stated that 96% of the students would be served, was not achieved. The objective would have been achieved had the population of students needing service remained stable. In the Spring of 1990, 25,144 students needed service. In the Spring of 1991, following the use of alternative strategies, 24,025 students were being served which represents 95.5% (rounded to 96%) of the population receiving service. However, during the practicum period, the population requiring service increased to 26,648 resulting in 90.2% being served, the same percentage as when the practicum began. Thus, while more students are being served, the proportion of students being served to the number of students currently requiring service remains the same.

## Conclusions

Several conclusions were drawn by this writer from the results of this practicum. First, the alternative strategies provided through this practicum require time, conscious effort and

careful planning to become effective. Training administrators and the lead speech pathologists is only the beginning. Training all speech pathologists in the county is a next important step. To receive maximum results from consultation and collaboration, speech pathologists need to inservice teachers about working with language deficit students and teachers need to inservice speech pathologists about curriculum. Once this happens, teachers will feel better prepared to work with language deficit students and will make less referrals to the speech pathologist. Thus, fewer students will need direct service by the speech pathologist.

Second, the development of a notebook which provides resources and details for each strategy is viewed as a very helpful instrument to the speech pathologists and special education directors as they follow up with the use of strategies after training. Third, this writer concludes that the use of the Speech Pathology Leadership Group (SPLG) in the implementation of this practicum was very valuable. The members of the group were highly cooperative and enthusiastic as they served on committees, prepared presentations, and carried information back to their districts. They frequently told this writer how much they appreciated her launching this project. This writer believes the group is feeling empowered to make needed changes and they are eager to continue as a group. Several members have already mentioned ideas they have for next year to extend the work that has begun through this practicum.

Fourth, school personnel must do more than use the strategies provided through this practicum to continue to expand speech pathology services and combat critical shortages. Long-term recruitment efforts must be implemented to provide greater employment benefits, increased access to college programs, and greater adaptation to new certification and licensure rules.

Finally, this practicum confirms the serious and critical nature of the problem regarding

the shortage of speech pathologists in the schools. Continuous, extensive, and intense efforts are needed to correct the problem. This practicum has played an important role in helping the school districts maintain the current level of service as the population of students needing service has continuously grown.

## Recommendations

In retrospect, this writer recommends the following changes or additions to those who wish to replicate this practicum.

1. Video tape the training sessions with high quality equipment. The tape can be checked out to those who were unable to attend and can be used for additional staff training. The tapes can also be useful for the Special Education Director's Conference. This writer attempted to video tape. However, the available equipment was old and did not work very well.

2. Take a picture of each of the presenters and make the picture into slides that can be used to project the presenter on a large screen at the Special Education Director's Conference. Thus, the original presenter could be seen on the screen while the SPLG member discusses the topic which the original presenter provided.

3. Schedule the training sessions closer together to allow the districts to start using the strategies sooner.

The following recommendation should help further expand the delivery of speech pathology services beyond this practicum.

1. Plan training in the use of the strategies presented in this practicum for all speech pathologists in all 24 school districts.

2. Encourage cross-staff training within each district where teachers teach speech pathologists about curriculum and speech pathologists teach teachers about working with

language deficit students.

3. Actively involve speech pathologists in career day at the high schools and develop a pamphlet to provide students with information about scholarships and financial resources available to those who enter the field of speech pathology.

4. Pursue legislation that will place speech pathologists at a higher level on the state pay scales.

5. Work with the universities to encourage the development of training programs that will allow full-time workers the ability to obtain their training while continuing to work full-time.

## Dissemination

1. The notebook developed through this practicum has been distributed to all lead speech pathologists and special education directors in the county and additional copies are available to others upon request.

2. This writer will write proposals to present this practicum project to the annual conference of the State Speech and Hearing Association, possibly the American Speech and Hearing Association., and the state and national Council for Exceptional Children.

3. A copy of the notebook and a summary report of this project will be provided to the state speech pathology task force.

4. This writer and one member of the SPLG will be presenting results of this practicum to the State Association of School Administrators/State Association of School Boards in September, 1991.

5. The State Speech and Hearing Association has requested a copy of the notebook developed through this practicum for the association library.

6. The State Committee of Examiners for Speech Pathologists and Audiologists has

also requested a copy of the notebook.

7. The writer will prepare an article summarizing this practicum and present the article for publication in the journal entitled Learning, Speech and Hearing Services in the Schools.

8. Dr. Mills will provide a copy of this practicum to Dr. Stan Dublenske, public schools representative at the American Speech and Hearing Association.

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# APPENDIX A

## APPROVAL TO INCLUDE FORMS DEVELOPED BY THE COUNTY EDUCATION AGENCY IN THE PRACTICUM PROPOSAL AND FINAL PRACTICUM REPORT

Approval to Include Forms Developed by the
County Education Agency in the Practicum Proposal
and Final Practicum Report

Brenda Teas has permission to include copies of forms/instruments developed for this practicum in her practicum proposal and final report form.

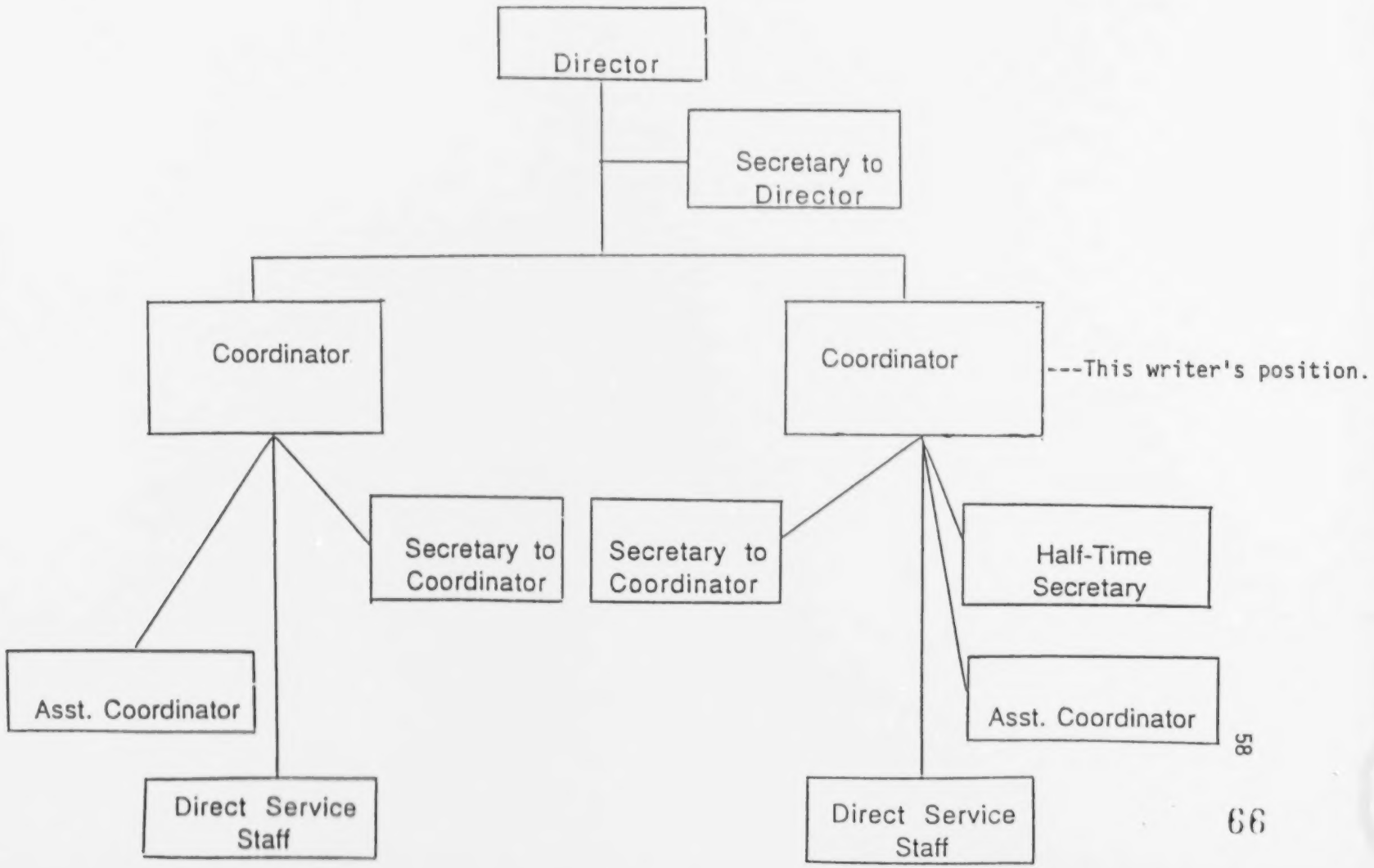
Marlene McKee

Marlene McKee, Director
Psychological Services Division
Harris County Department of Education

# APPENDIX B

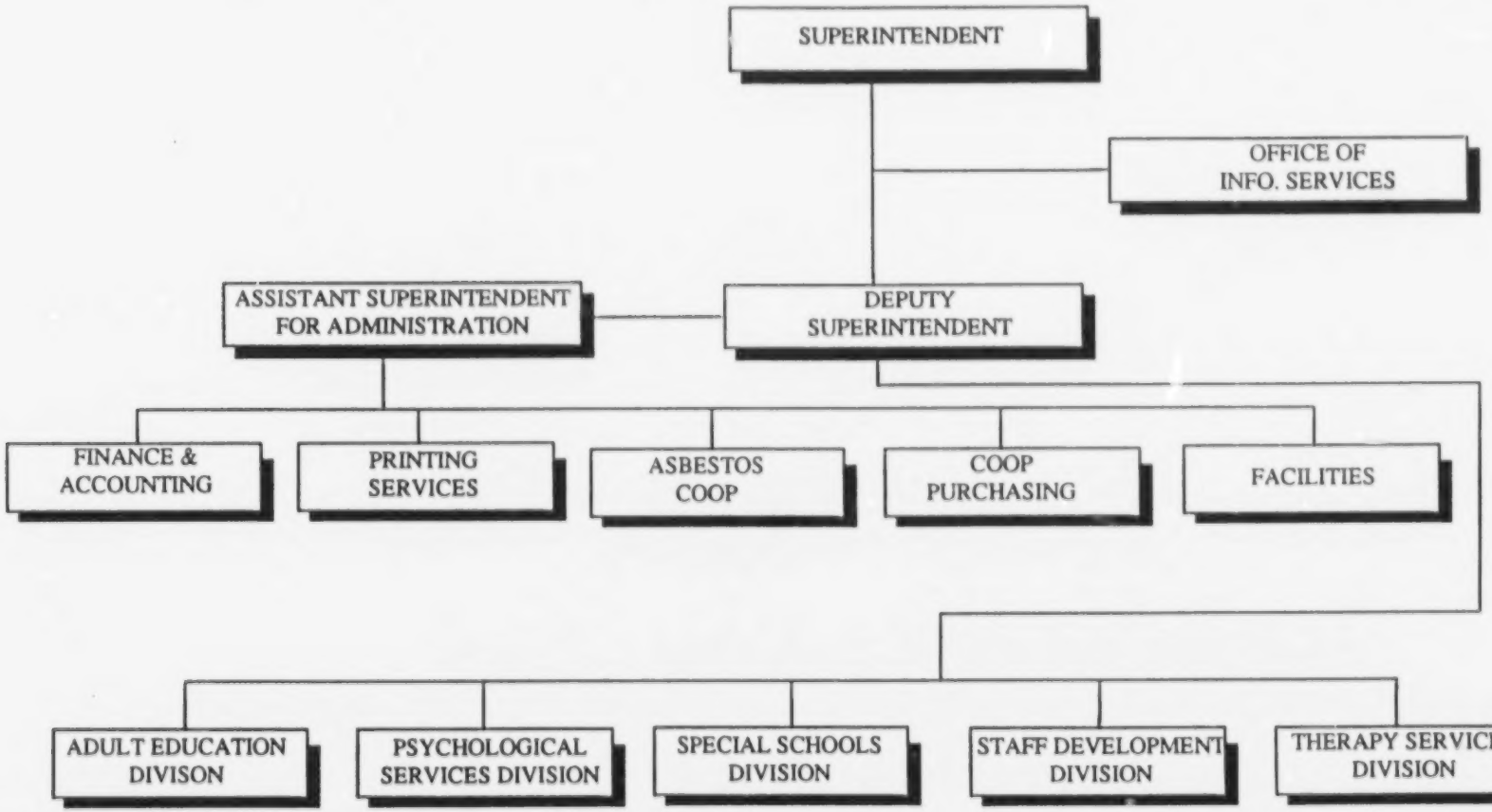
## ORGANIZATIONAL CHARTS

# PSYCHOLOGICAL SERVICES DIVISION
## Organizational Chart 1990-91



# HARRIS COUNTY DEPARTMENT OF EDUCATION

## ORGANIZATION



# APPENDIX C

## PROBLEM DOCUMENTATION AND DELIVERY SYSTEM QUESTIONNAIRE

Problem Documentation and Delivery System
Questionnaire re: Countywide Speech Pathology Services in the Schools

Name: _____ District: _____

1. How many fully certified and licensed speech pathologists are employed in your district? _____

2. How many speech pathology assistants or not-yet-fully certified speech pathology staff are employed in your district? _____

3. How many additional speech pathologists are needed in your district? _____

4. How many students constitute an average caseload for speech pathologists in your district? _____

5. What number do you consider a reasonable average caseload for a speech-language pathologist in your district? _____

6. Are the speech pathologists in your district a part of the career ladder?
Yes ____ No ____ Comments: _____
_____

7. When inadequate numbers of staff are available, which group or groups of students receive priority for speech services: the severely handicapped ____
emotionally disturbed ____ mentally retarded ____ learning disabled ____
physically handicapped ____ speech handicapped only ____. Comments: _____
_____
_____

8. Estimate, using percentages, how you spend your work time on the following activities:

| | |
|---|---|
| attend ARD meetings ____ | individual treatment ____ |
| testing ____ | group treatment ____ |
| report writing ____ | classroom teaching ____ |
| teacher consultation ____ | parent consultation ____ |
| other (specify) _____ | |

9. List any alternative strategies your district is using to allow more students speech-language services in the light of staff shortages: _____
_____
_____

10. List what you consider the three greatest causes of speech pathology staff shortages:
A. _____
B. _____
C. _____

11. Do you or any of the therapists in your district use any type of technological devices such as the IBM speechviewer, communication boards, etc. Please list:

| Name of Device | # Being Used | For What | Where (regular classroom/ treatment room) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

12. Would you say that your district is primarily using a traditional service delivery model for speech-language services? Yes _____ No _____

13. Are you and your district in need of more information about alternative delivery strategies and training in how to implement the strategies? Yes _____ No _____

Summary Responses to Thirteen Questions About Speech-Language Pathology Services in Harris County
Spring, 1990

Table 1 Questions 1-6, 12 & 13

| Question | Response |
|---|---|
| 1. # of licensed/certified speech pathologists | 355 |
| 2. # of assistants or non-certified staff | 50 |
| 3. # of additional speech pathologists needed | 44 |
| 4. Current average caseload | 56 (range from 42 to 75) |
| 5. Speech pathologists believe average caseloads should be | 47 (range from 30 to 60) |
| 6. Are speech pathologists on the career ladder? | 96% yes (23 out of 24) |
| 12. Is the current delivery system primarily traditional? | 100% yes |
| 13. Do the speech pathologists need more information about alternative service delivery strategies? | 100% yes |

Question 7 asked if priorities are given to certain handicapping conditions when there is not enough staff to service all students. Fourteen of the districts reported that they never set priorities based on handicapping condition. The other districts do set priorities. However, the handicapping condition/s chosen as priority varies among the districts ranging from severely handicapped to speech handicapped only.

Table 2 Question 8: How is work Time Spent?

| Activity | Range | Average % |
|---|---|---|
| Attend ARD Meetings | from 2 to 10% | 6 |
| Testing | from 2 to 20% | 8 |
| Report writing | from 2 to 25% | 8 |
| Teacher consultation | from 1 to 50% | 6 |
| Individual treatment | from 1 to 65% | 12 |
| Group treatment | from 5 to 75% | 43 |
| Classroom teaching | from 0 to 6% | 2 |
| Parent consultation | from 1 to 10% | 3 |
| Supervision | from 0 to 100% | 11 |

Table 3 Question 9 and 11: Alternative Delivery Strategies Currently in Use

| Strategy | # of districts using the strategy |
|---|---|
| None in use at this time | 7 |
| Provide only consultation to early childhood | 1 |
| Large grouping | 2 |
| Going into the classroom rather than "pull out" | 6 |
| Use of consultation model | 3 |
| Job sharing | 2 |
| Home programs | 2 |
| Speech labs | 1 |
| Collaboration model | 2 |
| Use of paraprofessionals | 1 |
| Use of a variety of computer assistive devices (Question 11) | 20 |

Question 10 asked about the causes of personnel shortages in speech pathology in the public schools. The following lists the top six responses in the order in which they were most frequently mentioned:

1. Inadequate pay scale
2. Heavy caseloads
3. Increasingly stringent certification and licensure requirements
4. Too much paperwork
5. Burn out
6. Lack of support from the university training programs

# APPENDIX D

## INSTRUMENTS FOR EVALUATING OBJECTIVES

Alternative Strategies Checklist

District: _____
Please check:
Special Education Director (or representative) _____
Lead Speech Pathologist ____

Now that you have received inservice in alternative strategies to expand quality speech/ language services and have received a directory to assist you in the implementation of strategies, please identify strategies you expect to use and strategies you expect not to use in your district.

| Strategies | Will Use | Will Not Use | Comments |
|---|---|---|---|
| Job Sharing (use of part-time staff in which each fills half of a full-time position) | | | |
| Multilevel Model (use of severity scale and level of intervention checklist to determine the level of service an individual student needs along a continuum of services provided) | | | |
| Use of Paraprofessionals (use of speech pathology associates, teacher aides, parent volunteers, and student helpers) | | | |
| Consultation (indirect service in which the speech/language pathologist provides information and writes activity plans to be carried out by teachers, parents, and students) | | | |
| Technology: Speechviewer (use of the IBM speechviewer in the delivery of speech/ language services) | | | |
| Collaboration Model (the speech/language pathologist works as a partner with the teacher in planning and implementing speech/language services for students) | | | |

Alternative Service Delivery Feedback

District: _____

1. Which of the following strategies are being used in your district to expand quality speech/language services.

| Strategy | Check if Currently in Use | Comments |
|---|---|---|
| Job Sharing (use of part-time staff in which each fills half of a full-time position) | | |
| Multilevel Model (use of severity scale and level of intervention checklist to determine the level of service an individual student needs along a continuum of services provided) | | |
| Use of Paraprofessionals (use of speech pathology associates, teacher aides, parent volunteers, and student helpers) | | |
| Consultation (indirect service in which the speech/language pathologist provides information and writes activity plans to be carried out by teachers, parents, and students) | | |
| Technology: Speechviewer (use of the IBM speechviewer in the delivery of speech/ language services) | | |
| Collaboration Model (the speech/language pathologist works as a partner with the teacher in planning and implementing speech/language services for students) | | |

2. How helpful was the Alternative Service Delivery Strategies for Speech Pathology Service provided to you by the Speech Pathology Leadership Group?

Not Helpful 1 2 3 4 5 Very Helpful

3. How many speech pathologists do you currently need in your district? _____

4. What is the average caseload of speech pathologists in your district? _____

5. How many licensed or certified speech pathologists do you have on your staff? _____

6. How many assistants or non-certified staff do you have providing speech pathology services? _____

7. What percentage of students in your district with speech/language problems are you currently serving? _____

# APPENDIX E

## GUIDELINES FOR THE EMPLOYMENT AND UTILIZATION OF SUPPORT PERSONNEL

# Guidelines for the employment and utilization of supportive personnel

*The following revised guidelines, drafted by the Committee on Supportive Personnel, were adopted by the Legislative Council, American Speech-Language-Hearing Association (ASHA) in November, 1980. (LC 32-80). 1980 committee members were: Jerome G. Alpiner, Donald R. Bender, James C. Montague, Joanne Swagger Rosenberg, Jack M. Snyder, Catherine A. Talbot, Clare G. Maisel, Peggy S. Williams (ex officio) and Joseph W. Helmick, Chairman.*

---

WHEREAS, the evolution of employment and utilization of supportive personnel has occurred in the field of speech-language pathology and audiology, and

WHEREAS, the American Speech-Language-Hearing Association developed guidelines in 1970 to (a) define roles and tasks of this group in the profession, (b) describe the training programs and supervision needed, and (c) evaluate the impact on the profession, and

WHEREAS, LC 5-76 charged the Executive Board to provide statements relative to differential training and employment of supportive personnel, and

WHEREAS, recent federal and state legislation has created a concern for and need to provide increased services to handicapped children in the schools, and

WHEREAS, several states have developed guidelines for the use of and are utilizing supportive personnel in audiology and speech-language pathology; therefore

RESOLVED, That the Guidelines for the Employment and Utilization of Supportive Personnel in Audiology and Speech-Language Pathology be adopted by the American Speech-Language-Hearing Association and be disseminated in the same manner as have other clinical guidelines.

---

## Introduction

In 1967 the Executive Board of the American Speech-Language-Hearing Association (ASHA) initiated discussions relative to the need to develop guidelines regarding the use of supportive personnel in the profession. As a result of these discussions, the Committee on Supportive Personnel was created. Under the leadership of its chairman, John P. Moncur, the committee began to gather information, including data obtained from a survey administered by the committee, relative to the use of supportive personnel in the profession. Subsequent to a review of the obtained data, a second major meeting of the committee was scheduled in which selected individuals "who were conversant with supportive personnel issues were invited to participate." The results of the committee's deliberations were the "Guidelines on the Role, Training, and Supervision of the Communication Aide" which were approved by the Legislative Council in November 1969 and subsequently published in the *Asha* journal in February, 1970.

Along with the statement of guidelines, the Committee on Supportive Personnel submitted a list of areas of concern that would require additional study and that might lead to the development of additional or revised guidelines. Consequently, the committee was continued in an attempt to maintain some degree of currency with the evolution of supportive personnel usage in speech-language pathology and audiology.

With the advent of PL 94-142 in 1975, requiring a free appropriate public education for all handicapped children, there arose an immediate and intense concern for the acquisition of additional professional personnel to meet the increased need for services to handicapped children in the public schools. Several states saw the use of supportive personnel as a viable mechanism for obtaining needed personnel in a relatively short period of time. Several states proposed guidelines specific to the use of supportive personnel in audiology and speech-language pathology. For the most part, these guidelines incorporated the principles proposed in the guidelines adopted in 1970 by ASHA. The major substantive differences between state guidelines and those of ASHA have been procedural. In those states having licensure laws pertinent to the delivery of speech, language, and hearing services, the future



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dictates that these guidelines be carefully reviewed to determine the efficacy and legality of employing supportive personnel.

In addition to the impact of PL 94-142, an increased public consciousness concerning affirmative action, mainstreaming, occupational noise control and geriatric care drew attention to the roles that supportive personnel might assume in the delivery of services to the communicatively impaired.

Perhaps in response to the resurgent attention to the use of supportive personnel, the Legislative Council in 1976 provided additional charges to the Committee on Supportive Personnel (LCS-76). These charges included a request for a definition of the term "Communication Aide" and statements relative to differential training and employment of aides in audiology and speech-language pathology.

In attempting to respond to the Legislative Council, the Committee on Supportive Personnel reviewed not only the previously published guidelines and the guidelines offered by state boards and agencies, but also examined a variety of published and unpublished materials dealing with the training, utilization, and supervision of supportive personnel both within our profession and in related disciplines. (See Bibliography for a partial listing of materials reviewed by the Committee.)

As a result of our study of these materials and discussions within the committee, several issues emerged which formed the bases for these Guidelines. One of these issues was the recognition that although the audiologist and/or speech-language pathologist may delegate specific clinical tasks to supportive personnel, the legal, ethical and moral responsibility to the client for all services provided cannot be delegated, i.e., they remain the responsibility of the professional personnel.

Secondly, the committee proposed that, with the exception of responsibilities involving clinical decisions, supportive personnel could be permitted to implement a variety of clinical tasks given that sufficient training, direction and supervision were provided by the audiologist and/or speech-language pathologist responsible for those tasks. Both of these issues are specifically incorporated into statements relative to the "Role of the Speech-Language Assistant and Audiometric Assistant."

A third issue was that supportive personnel should receive training that is competency-based in character and specific to the job performance expectations held by the employer. Parallel to this issue was the fourth, the concept that just as the assistant must receive training for his/her job, the supervising audiologist and/or speech-language pathologist should also be trained in the supervision of supportive personnel. These issues are reflected in the guidelines under both the "Training and the Supervision of the Speech-Language Assistant and Audiometric Assistant."

A fifth issue developed by the committee was that the supervision of supportive personnel must be periodic, comprehensive, and documented in order to ensure that the client receives the high-quality services that he/she needs. This issue, of course, is to be found in that portion of the guidelines related to the "Supervision of the Speech-Language Assistant and Audiometric Assistant."

Finally, the committee felt that a statement of guidelines should offer general direction to both the professional and the assistant and should not attempt to specify job tasks unique to the specific goals of the agency employing the assistant, the extent of experience in clinical audiology and/or speech-language pathology accumulated by the assistant, or other factors that may vary with local needs. As a result of this perspective, the committee felt that the clinical task categories could be generalized across both audiology and speech-language pathology. Consequently, a single document is offered rather than separate statements as requested by the Legislative Council.

The committee wishes to draw attention to the need for continuous training opportunities for supportive personnel since such employment may be seen as one point of entry into the profession. While the preparation of guidelines for a sequenced training system from the level of the assistant into professional levels is beyond the scope of this committee as it is currently charged, it appears that a study of the need for and feasibility of such a system is warranted.

## Definition

A variety of terms have been used to designate those individuals who have provided services in support of clinical programs in speech, language, and/or hearing disorders.* Because specific terminology is less important than a description of job performance expectations, the local agency employing supportive personnel is encouraged to adopt a term which accurately reflects the nature of the clinical duties assigned to the assistant. For purposes of these guidelines, the terms speech-language assistant and audiology assistant will be used.

The terms speech-language assistant and audiology assistant shall designate any person who, following academic and/or on-the-job training, provides clinical services as prescribed and directed by a certified audiologist and/or speech-language pathologist.** The audiologist or speech-language

*Examples of terms used include communication aide, communication assistant, speech technician, and audiometrist.

**Certified means one who holds the Certificate of Clinical Competence (CCC) from the American Speech-Language-Hearing Association.

pathologist shall maintain responsibility for services provided. Individuals who are enrolled in a training program or who have obtained a professional degree (e.g., B.A., B.S., A.B. degree) in speech-language pathology or audiology could be included within the definition of the terms speech-language assistant and audiology assistant. In keeping with standards for clinical certification, however, students may not use paid work experience to satisfy clinical certification requirements.

## Qualification of the Speech-Language Assistant and Audiology Assistant

The following minimum qualifications should be considered in selecting individuals for employment as speech-language or audiology assistants.

1. A high school diploma or the equivalent;
2. Communication skills adequate for the tasks assigned;
3. Ability to relate to the clinical population being served.

Additional qualifications may be established according to the needs of the program and the population being served.

## Training of the Speech-Language Assistant and Audiology Assistant

In keeping with local needs, a variety of traditional as well as innovative training models may be needed to prepare individuals as assistants. Whatever training model is used, emphasis should be on competency-based skill acquisition. A task analysis of the expected duties of the assistant will indicate necessary skills. Training may be provided through formal course work, workshops, observation and/or supervised practicum. Methods of training shall be determined according to the needs and resources of the work setting.

Appropriate areas for training may include any or all of the following:

1. Normal processes in speech, language, and hearing;
2. Disorders of speech, language, and hearing;
3. Behavior management skills;
4. Response discrimination skills including but not limited to the discrimination of correct/incorrect verbal responses along the dimensions of speech sound production, voice parameters, fluency, syntax and semantics;
5. Program administration skills including stimulus presentation and consequation, data collection and reporting procedures and utilization of programmed instructional materials;
6. Equipment and materials used in the assessment and/or management of speech, language, and hearing disorders;
7. Overview of professional ethics and their application to the assistant's activities.

Because training in clinical management procedures should be ongoing to take advantage of additions to the information base of the profession, it is highly recommended that the assistant be afforded continuing education opportunities primarily at the local level.

## Role of the Speech-Language Assistant and Audiology Assistant

The specific role of the speech-language assistant and audiology assistant will be influenced by the particular needs of the clinical speech, language and/or hearing program and must be determined by the professional who will be responsible for training and directing the assistant. In employing the assistant, professionals must examine the implications of supervisory responsibilities on their own clinical caseloads. The uniqueness of the clinical setting may prescribe that the assistant could be used to either increase the frequency and/or intensity of clinical contact and/or to increase the total caseload.

The assistant should be assigned tasks only at the discretion of the professional and should not be assigned tasks for which he/she has not been trained. An assistant may execute specific components of the clinical speech, language, and/or hearing program if (1) it is determined by the professional that the assistant has the training and skill to accomplish the task and (2) the professional provides sufficient supervision to insure appropriate completion of all tasks assigned to the assistant. It must be emphasized that the supervising professional maintains legal and moral responsibility for all services provided by the assistant and insures that such services are in compliance with the Code of Ethics of the American Speech-Language-Hearing Association.

Following the completion of a training program, the assistant may engage only in those duties that are planned, designed and supervised by the professional. Examples of such duties are given below. These are examples only and are not intended to be of a proscriptive nature.

1. Screen speech, language, and/or hearing;
2. Conduct evaluative or management programs and procedures that are
   a. planned and designed by the professional,
   b. included in published materials which have directions for administration and scoring and for which the assistant has received training,

3. Record, chart, graph or otherwise display data relative to client performance;
4. Maintain clinical records;
5. Report changes in client performance to the professional having responsibility for that client;
6. Prepare clinical materials, including ear molds;
7. Test hearing aids to determine if they meet published specification;
8. Participate with the professional in research projects, in-service training, public relations programs, or similar activities.

The assistant may not engage in any of the following activities:

1. Interpret obtained observations or data into diagnostic statements of clinical management strategies or procedures;
2. Determine case selection;
3. Transmit clinical information (including data or impressions relative to client performance, behavior, or progress) either verbally or in writing to anyone other than the professional;
4. Independently compose clinical reports except for progress notes to be held in the client's file;
5. Refer a client to other professionals or other agencies;
6. Use any title either verbally or in writing other than that determined by the professional.

## Supervision of the Speech-Language Assistant and Audiology Assistant

Prior to employing assistants, it is essential that the professional be qualified to train and supervise assistants. The following minimum criteria should be considered. The supervising professional should:

1. Hold the CCC in speech-language pathology or audiology from the ASHA;
2. Have a minimum of one year experience in a clinical environment;
3. Have a commitment to the utilization of supportive personnel.

The maximum number of assistants supervised by one professional may vary in relation to (1) tasks assigned to the assistant, (2) time limits imposed by the supervisory guidelines given below, and (3) time required of the professional in the direct provision of clinical services. Additionally, because of the time required for training and supervision, it may be necessary to reduce the number of clients directly served by the professional in relation to the number of assistants being supervised.

One hundred percent of the assistant's clinical activities must be the responsibility of the professional. Direct on-site observations of the assistant should be completed according to the following:

1. The first 10 hours of direct client contact following training, and
2. Ten percent of all clinical sessions after the first 10 hours to include at least one in every 10 consecutive clinical sessions.

The direct observations must be documented and include information on the quality of the assistant's performance. Information obtained during direct observations may include data relative to (1) agreement (reliability) between the assistant and the supervisor on correct/incorrect judgment of target behavior, (2) accuracy in implementation of assessment and management procedures, (3) accuracy in recording data, and (4) ability to interact effectively with the client.

It is recommended that whenever areas (1) through (3) listed above fall below a 90% reliability level between the supervising professional and the assistant for three consecutive observations that the assistant be retrained in those skills and that direct observations be increased to 50% of all clinical sessions until the reliability level returns to 90% or above for three consecutive observations.

Indirect observations may include a variety of techniques such as audio- and/or videotape recordings, telephone communications, numerical data or other means agreed to by the professional and the assistant. Indirect observations must occur at least once in every five consecutive clinical sessions. In some instances, it may be necessary to change a communication assistant's duties or relieve the assistant of all duties if a high standard of proficiency cannot be attained, or if the assistant repeatedly violates these guidelines.

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# APPENDIX F

## TRAINING SCHEDULE FOR LEAD SPEECH PATHOLOGISTS

SPLG Meetings for the 90-91 School Year

| Date | Program Title |
|---|---|
| Wednesday,<br>August 29, 1990<br>8:45 - 11:45 a.m. | Job Sharing |
| Wednesday,<br>September 19, 1990<br>8:45 - 11:45 a.m. | Differentiated Model for<br>Speech Pathology Services |
| Wednesday,<br>October 17, 1990<br>8:45 - 11:45 a.m. | Use of Paraprofessionals |
| Friday,<br>November 16, 1990<br>8:45 - 11:45 a.m. | Consultation Models |
| Thursday,<br>December 13, 1990<br>8:45 - 11:45 a.m. | Technology: The IBM<br>Speechviewer |
| Friday,<br>January 18, 1991<br>8:45 - 11:45 a.m. | Collaboration |
| Friday,<br>February 15, 1991<br>8:45 - 11:45 a.m. | Preparation for Special<br>Education Directors Conference |
| Thursday,<br>March 14, 1991<br>8:30 a.m. - 1 p.m. | SPLG Conference and Spring<br>Luncheon for Special Education<br>Directors |
| Friday,<br>April 19, 1991<br>8:45 - 11:45 a.m. | Debrief re: 90-91 school year<br>Make plans re: 91-92 school<br>year |

# APPENDIX G

## FORMS DEVELOPED FOR THE SPLG AND TRAINING SESSIONS

**Title of Strategy:** _____

**Presenter:**

**Synopsis:**

**Target Population:**

**Procedure:**

**Comments (strengths and weaknesses):** Strengths:

Weaknesses:

**For Further Information, Contact:**

**Other Resources:**

Permission to Disseminate Information

I give Harris County Department of Education permission to disseminate information I presented regarding _____ (Topic) in a workshop on _____ (Date) to the Harris County Department of Education Speech Pathology Leadership Group. I understand that the information will be part of a Directory of Alternative Service Delivery Strategies for Expanding Speech/Language Services in the Schools. _____ (Name/s) and _____ (ISD or organization) will be given full credit as the source of information.

_____ (Signature)

_____ (Date)

Pre-Test of Alternative Service Delivery
Strategies for Speech Pathology in the Schools

Name: _____

Please rate your current level of knowledge about the following alternatives for delivery of speech pathology services by circling one of the numbers below the topic. Number 1 is considered the lowest level (little or no knowledge) and 5 is the highest level (considerable knowledge).

Job Sharing

1 2 3 4 5

Consultation Models

1 2 3 4 5

Differentiated/Multilevel Models

1 2 3 4 5

Use of Paraprofessionals

1 2 3 4 5

Use of Technology

1 2 3 4 5

Collaboration Models

1 2 3 4 5

Post-Test of Alternative Service Delivery
Strategies for Speech Pathology in the Schools

Name: _____

Please rate your current level of knowledge about the following alternatives for delivery of speech pathology services by circling one of the numbers below the topic. Number 1 is considered the lowest level (little or no knowledge) and 5 is the highest level (considerable knowledge).

Job Sharing

1 2 3 4 5

Consultation Models

1 2 3 4 5

Differentiated/Multilevel Models

1 2 3 4 5

Use of Paraprofessionals

1 2 3 4 5

Use of Technology

1 2 3 4 5

Collaboration Models

1 2 3 4 5

# APPENDIX H

## CONFERENCE AGENDA FOR SPECIAL EDUCATION DIRECTORS

# Conference for Special Education Directors on Alternative Delivery Strategies for Speech/Language Pathology Services

March 14, 1991

| Time | Topic | Presenters |
|---|---|---|
| 8:30 - 8:50 | Coffee/Sign In | |
| 8:50 - 9:10 | Welcome/Introductions | |
| | *PROGRAM:* | |
| 9:10 - 9:30 | Job Sharing | |
| 9:30 - 9:50 | Multilevel Model | |
| 9:50 - 10:10 | Paraprofessionals | |
| 10:10 - 10:30 | Consultation Model | |
| 10:30 - 10:50 | Break | |
| 10:50 - 11:10 | Technology: Speechviewer | |
| 11:10 - 11:30 | Collaboration | |
| 11:30 - 11:45 | TEA Update | |
| 11:45 - 12:00 | Wrap-up Discussion & Strategies Checklist | |
| 12:00 - 1:00 | Introduction of Speaker "The Federal Courts Today | |

# APPENDIX I

## INFORMATION REGARDING NOTEBOOK ON ALTERNATIVE SERVICE DELIVERY STRATEGIES FOR SPEECH PATHOLOGY SERVICES

To request a copy of the notebook entitled Alternative Service Delivery Strategies for Speech Pathology Services contact:

Brenda Teas
Harris County Department of Education
6300 Irvington Blvd.
Houston, Texas 77022-5618
(713) 694-6300

The notebook named above provides detailed information about the following six alternative strategies for expanding speech pathology services: Job Sharing, Multilevel Model, Use of Paraprofessionals, Consultation Model, Technology: IBM Speechviewer, and Collaboration. The notebook also provides a copy of the licensing laws for speech pathologists in Texas and a literature review of problems and solutions related to expanding speech pathology services in the light of staff shortages.